Prevention of child abuse – what works with high risk parents of young children?

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Structure of paper

- What is the issue/problem: key pathways for harm during the perinatal period
- Evidence-based and new models of working – service provider, content, dosage and duration
- Need to embed programmes within standard service provision and measure capacity for change

Key messages

Key message 1 – The youngest children are over-represented in child abuse statistics despite the fact that we know which children are at risk of abuse before they are born

Children at risk of abuse

The abuse of babies and preschool children

> 39% of **serious case reviews** in England relate to babies under the age of 1 year with a further 25% being between 1-4 years of age (Sidebotham 2021); neglect and emotional abuse account for nearly three-quarters of these
>
> 42% of **fatalities** were under the age of 1 year and a further 26% between 1 and 4 years

We know which babies are at risk… before they are born…

- **Previous children have been removed** from the family because they have suffered harm and/ or there has been a previous suspicious death of a child
- **Existing children are currently subject to a child protection plan** or there have been previous child protection concerns
- **A person posing a risk to children** (previously known as a Schedule One Offender) has joined a family, especially when a parent or other adult in the household is a person identified as presenting a risk, or potential risk to children ; Intimate partner violence
- **Concerns regarding the mother's ability to** keep the baby safe
- Concerns that the mother is **actively hostile or rejecting of the baby during the pregnancy**
- Acute professional concerns regarding parenting capacity, particularly where the parents have either **severe mental health problems (e.g. psychosis or personality disorder) or intellectual disabilities**
- **Alcohol or substance misuse** is thought to be affecting the health of the expected baby, or the woman is experiencing domestic abuse
- **Adolescent pregnancy** requiring a dual assessment of the adolescent's needs as well as their ability to meet the baby's needs

Despite knowing who these at risk babies are…we intervene too late…

- Prospective study explored the decision-making process that influenced the life pathways and developmental progress of a sample of very young children who were identified as suffering, or likely to suffer, significant harm before their first birthdays and were then followed until they were three.

- 66% of the babies were identified as being at risk of significant harm before they were born; all but one of the parents who made sufficient changes did so before the baby was six months old

- Of those children who remained with their birth families at age three (around two-thirds), 43% were considered to be at continuing risk of significant harm from parents

- Cases were frequently closed prematurely and later re-opened (Ward et al 2010; 2012)

Prenatal: The impact of parental behaviours on the baby begins before they are born…

- ‘Foetal programming’ describes the way in which teratogens can influence the long-term development of infant organs and in particular the brain
- FASD is the major cause of learning disability in children; around 50% of children in foster care have FASD; (Popova, Lange, Probst, Gmel, Rehm 2017)

- A number of systematic reviews show that the mothers bonding/relationship with the unborn baby associated with postnatal behaviours and infant attachment (ref)

Postnatal - emotional abuse and neglect of very young children

80% of children who have been abused have a 'disorganized' attachment (e.g. approach avoidance conflict) (Carlson 1989); Disorganised attachment is strongly associated with later psychopathology including PD (e.g. Steele et al 2010; Fearon et al 2010)

This is the result of exposure to Fr-behaviour by the parent – frightened AND frightening (Main and Hesse 1990); Hostile-Helpless Behaviour (Lyons-Ruth et al 2005)

Atypical/anomalous parenting behaviours (Lyons-Ruth 2003): threatening (looming); dissociative (haunted voice; deferential/timid); disrupted (failure to repair, lack of response), affective communication errors (mother laughing while child distressed)

Meta-analysis (12 studies) – strong association between atypical behaviours and disorganised attachment at 12/18months (Madigan et al 2006)

Key messages

Key message 1 – The youngest children are over-represented in child abuse statistics despite the fact that we know which children are at risk of abuse before they are born

Key message 2 – The research suggests a number of promising models of working with parents of children on the edge of care

Categories of intervention

McMillan-Schrader A, Barlow J (2017). *Improving the Effectiveness of the Child Protection System: a review.* London: Early Intervention Foundation.

- Parenting interventions to promote parental sensitivity and infant attachment
- Parenting interventions where there is emotional abuse in preschool children
- Parenting interventions where this is physical abuse of preschool children
- Parenting interventions where there is substance dependence

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Promoting parental sensitivity and infant attachment in high risk

- One RCT that involved children who had been maltreated shows that **Video Interaction Guidance (VIG)** can increase child attachment security and maternal sensitivity after maltreatment has occurred.
- One RCT provides support for the **Minding the Baby,** a mentalisation based home visiting programme for young mothers in high risk groups, including those who present child protection concerns.
- There is evidence based on a number of RCTs to support **Parent-Infant Psychotherapy (PIP)** in terms of improved improving infant attachment in high-risk families.

Video-Interaction guidance

- Video based recordings and coaching of actual interactions
- VIG; VIPP/VIPP-SD
- Attuned, mentalising guider: increases **affect regulation**; and **reflective functioning**;
- Viewing of positive interactions: **meta-cognitive changes** (resulting from the discrepancy between own beliefs and video); **empowerment** and **self-efficacy**

Evidence of effectiveness

- One RCT shows that its use when embedded within an 8 week home visiting programme can improve parental sensitivity and reduce disorganized attachment in a maltreating population
- Sixty-seven primary caregivers reported for maltreatment and their children (1-5 years) were randomly assigned to an intervention or control group.
- The intervention group received 8 weekly home visits directed at the caregiver-child dyad and focused on improving caregiver sensitivity.
- Intervention sessions included brief discussions of attachment-emotion regulation-related themes and video feedback of parent-child interaction.
- Comparison of pre- and posttest scores revealed significant improvements for the intervention group in parental sensitivity and child attachment security, and a reduction in child disorganization. Older children in the intervention group also showed lower levels of internalizing and externalizing problems following intervention.

[Moss et al (2011). Efficacy of a home-visiting intervention aimed at improving maternal sensitivity, child attachment, and behavioral outcomes for maltreated children: a randomized control trial. Dev Psychopathol. 2011 Feb;23(1):195-210. doi: 10.1017/S0954579410000738]

Parent-Infant Psychotherapy

Representational:

- Focus on mother's representational world (e.g. the way in which the mother's current view of her infant is affected by representations from her own history)
- Linking of ghosts with mother's own history facilitates changes to her representational world and new paths for growth of both mother and infant

Combined:

- Infant-led (e.g. Watch, Wait and Wonder)
- Mother observes her infant's self-initiated activity whilst being physically accessible to infant
- Discussion of these experiences with therapist as a way of examining the mother's internal working models of herself in relation to her infant

WWW - evidence

- This research compared two forms of psychodynamic psychotherapeutic interventions for 67 clinically referred infants and their mothers.
- One was an infant-led psychotherapy delivered through a program called Watch, Wait, and Wonder (WWW). The other was a mother- infant psychotherapy (PPT).
- Infants ranged in age from 10 to 30 months at the outset of treatment, which took place in weekly sessions over approximately 5 months.
- A broad range of measures of attachment, qualities of the mother- infant relationship, maternal perception of parenting stress, parenting competence and satisfaction, depression, and infant cognition and emotion regulation were used.
- The WWW group showed a greater shift toward a more organized or secure attachment relationship and a greater improvement in cognitive development and emotion regulation than infants in the PPT group.

(Muir, E., Lojkasek, M., Cohen, N. 1999).

Minding the Baby (MTB)

- Minding the Baby is an interdisciplinary, relationship based home visiting program for young, at-risk new mothers
- Based on two existing models of working – NFP and PIP
- Delivered by a team that includes a nurse practitioner and clinical social worker- uses a mentalisation-based approach that involves working with mothers and babies in a variety of ways to develop mothers' reflective capacities
- **Home visits begin at the end of the second trimester of pregnancy and continue through the child's second birthday**
- It aims at addressing relationship disruptions that stem from mothers' early trauma and derailed attachment history'

MTB Evaluation

- Pilot RCT: 105 primip women recruited in pregnancy
- Families were more likely to be on track with immunization schedules at 12 months and lower rates of rapid subsequent childbearing
- Less likely to be referred to child protective services
- Mother–infant interactions were less likely to be disrupted at 4 months' more likely to be securely attached and less likely to be disorganized in relation to attachment at 1 year of age
- RF improved for most high risk mothers (Sadler et al 2013)

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Parenting where there is emotional abuse

Parent-focused interventions

- There is some evidence based on a very small number of weak studies that **behavioural social work** has potential to improve the negatively charged interactions between parents and young children that for example, result in feeding difficulties and infant failure-to-thrive

Parent-child focused interventions

There is evidence to support Watch, Wait and Wonder (Parent-infant psychotherapy; Pre-school parent psychotherapy (PPP); and the Parent Child Game (PCG) in families where the difficulties are severe and/or longstanding.

Video Interaction Guidance (VIG) can help change frightening/frightened behaviour in parents and (as noted above) strengthen attachment and parent-infant interaction, often within a short number of highly focused sessions.

Parent Child Game - is an intensive parenting program for individual families. It is a hands on approach providing a direct here and now experience.

The approach is based on sound psychological principles including, Social Learning Theory and Attachment Theory.

Parent-Child Game (PCG) enables the parent to interact directly with their child whilst being observed and coached by the therapist.

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Substance-dependent parents

Programmes that combine a focus on substance-use and parenting can be effective in improving outcomes for children (Niccols, 2012).

- Evidence from one high quality study to support the **Parents under Pressure (PUP) programme** for high risk families where a parent is receiving methadone treatment (Barlow et al 2019; Dawe and Harnett 2007)

- Emerging, recent evidence from a five year longitudinal study (Harwin, 2016), shows promising results for the **Family Drug and Alcohol Court programmes.** This pilot study found significant gains in the intervention group with respect to: mothers being reunited with children at the end of proceedings; absence of significant disruption (a combination of relapse, permanent placement change or return to court) over a 3 year period after proceedings ended; cessation of substance use at the end of proceedings and in the five years following the intervention. The size of sample was small and further studies are needed

Parents Under Pressure (PUP)

- Program developed for families with complex lives; parental substance abuse & mental health problems; emotional dysregulation; involvement in child protection (focus on physical abuse/neglect)
- Home based: **Individually tailored treatment plan** that draws from a "tool kit" – 12 modules; Case management; online tools
- PUP comprises an intensive, manualized, home-based intervention of twelve modules that can be delivered flexibly in the family home for as long as is needed; each session lasting between one and two hours
- PUP is underpinned by an ecological model of child development and targets multiple domains of family functioning, including the psychological functioning of individuals in the family, parent–child relationships, and social contextual factors.
- Incorporates 'mindfulness' skills that are aimed at improving parental affect regulation
- Incorporates a case planning approach with online assessment tools

Modules

- Module 1: Assessment
- Module 2: Checking Out Priorities and Setting Goals
- Module 3: View Of Self as a Parent
- Module 4: Managing Emotions When Under Pressure – teach
- Module 5: Health Check Your Child
- Module 6: Connecting With Your Child: Mindful Play
- Module 7: Mindful Child Management
- Module 8: Managing Substance Use Problems
- Module 9: Extending Support Networks
- Module 10: Life Skills
- Module 11: Relationships
- Module 12: Closure

PUP evaluations

- **RCT with substance abusing parents of children aged 2-8 years** (Dawe and Harnett 2007); compared PUP with standard parenting programme;
- Significant reductions in parental stress; methadone dose and child abuse potential (significant worsening in the child abuse potential of parents receiving standard care); improved child behaviour problems

- **RCT with substance abusing parents of children under two years of age (Barlow et al 2018)**
- Child abuse potential was significantly improved in those receiving the PuP program while those in TAU showed a deterioration across time in both intent-to-treat ($p < 0.03$) and per-protocol analyses ($p < 0.01$).
- There was also significant reliable change (recovery/improvement) in 30.6% of the PuP group compared with 10.3% of the TAU group ($p < 0.02$), and deterioration in 3% compared with 18% ($p < 0.02$).

Physical abuse

Physical abuse

- The most consistent evidence supports Parent Child Interaction Therapy (PCIT) in improving some outcomes associated with physically abusive parenting.
- PCIT is an individualised intervention developed for parents and children with behavioural problems aged 4-7 years which involves parents and children in conjoint sessions that include direct coaching and practice of skills (Barlow 2006a; Barlow 2006b; Macmillan 2009; Oliver 2009; Ward, 2014; Barlow 2006b).
- Other potentially helpful family-focused interventions include family-focused casework and therapeutic groups (e.g. Florida Infant Mental Health Pilot Programme, and Parent Child Attunement Therapy (PCAT) (Barlow 2006a).
- There is evidence to support multi-systemic family therapy (MSFT) as a component of treatment for physical abuse (Barlow 2006a). However the impact of MSFT programme may depend on the severity and complexity of the families' problems (Oliver 2009).

Key messages

Key message 1 – The youngest children are over-represented in child abuse statistics despite the fact that we know which children are at risk of abuse before they are born

Key message 2 – The research suggests a number of promising models of working with parents of children on the edge of care

Key message 3 – Evidence-based interventions need to be embedded within mandator social/court services and include ‘case management’ and an assessment of parental capacity to change

What do we need to be doing to work effectively with very high risk parents?

- Where families are facing complex, multi-layered problems, an integrated package of support is almost certainly required.
- The components of this package should be identified following assessment.
- Ensure that ‘evidence based programs’ are embedded with standard care and part of a statutory/mandated process, in terms of being overseen by a social worker or a court
- Ensure that services are delivered by practitioners/social workers/pedagogues who have received additional training and ongoing support;
- Other components of the package need to address substance use; mental health problems etc

Assessment

- ‘Cross-sectional assessment of families provides important information about family functioning at one point in time, but is of limited usefulness when the results are equivocal’ (Harnett and Dawe 2008)
- What is actually needed at such times is an assessment of a family’s **capacity to change**, including an evaluation of the parent’s motivation and capacity to acquire parenting skills
- This involves assessment of functioning before and after the delivery of intervention designed to improve parenting

Specifying operationally defined targets for change

- Specification of **operationally defined targets for change**
- These should focus on the unique problems facing individual families
- Should also involve the use of standardised procedures such as Goal Attainment Scaling – GAS

Embedding and evidence-based intervention: OXPuP

ANTENATAL

- Identification of high risk families by midwives during pregnancy
- Referral to additional support delivered by social work and family support team
- Pre-birth assessment at 18 weeks
- PuP Intervention begins ante-natally for 3 months

BIRTH

- Assessment of parent-infant interaction in addition to repeat of other measures

FIRST YEAR

- Continue time-limited intervention and clear goals to be achieved; re-assessment at 2, 4, 6 months
- Removal of infants where there is insufficient improvement before 12 months

Oxpup pilot evaluation

- A mixed-methods study was undertaken involving 68 pregnant women referred to children's social care services; 35 allocated to the prebirth care pathway, 33 to usual care.

- Standardised measures of psychological distress, social support and alcohol use were used to assess change in the prebirth pathway.

- Safeguarding outcomes at 12 months were obtained for both groups and in-depth interviews with 20 stakeholders were conducted

CASE STUDY 1

- Pregnant women, 22 in relationship with a man aged 24.
- Experienced significant childhood trauma.
- Parents relationship abusive, mum and siblings chronically neglected and subjected to long term emotional abuse.
- …continued into adulthood with no self care skills. Dirty, unhealthy diet and emotionally withdrawn.
- In relationship with an abuser, 1st child removed due to neglect.

Intervention

- Minimum 3 x a week over a 20 week period.
- Covered life skills (to address dependency on abuser).
- Independent housing secured, benefits reviewed and put in place.
- Personal hygiene/self care skills promoted to increase self esteem.
- Emotional regulation, support to access GP for low mood.
- Relationships to help her to identify and avoid abuse.
- View of self as parent, to look at positive parenting styles and identify the kind of parent she would like to be.
- And much more…

Outcome

- Two weeks before birth of child she opted to leave the accommodation and return to the abusive relationship.
- Within days presented as dirty and unkempt.
- Two admissions to A&E following fainting episodes due to hunger.
- Failure to attend appropriate ante-natal care.
- Low iron, urine infections, weight loss and other health issues ignored, placing self and unborn child at risk.
- Interim Care Order granted at birth and baby removed from mothers care.

CASE STUDY 2

- Pregnant woman 24 self refers 14 weeks pregnant requesting help to keep her baby.
- 6 previous pregnancy's 1st at age 14.
- 1 ended in miscarriage; 2 abortions; 1 removed at 18 months due to chronic neglect and non accidental injury; 2 removed at birth as she continued inappropriate lifestyle.
- 4 fathers to the children all much older than mum all highly aggressive an all with drug/alcohol dependencies'.
- Left area of her birth and severed links with family, peer and previous abusive relationships.
- Relocated reporting to now be in a loving relationship

Intervention

- Twice weekly sessions over period of 6 month.
- View of self as parent. Very emotional journey to explore her own childhood traumas and to help her understand how to love and be a parent.
- Emotional regulation to help her to move away from guilt and blame. Travelled through denial and recognition and into responsibility in order to begin to forgive herself.
- Connecting to her child, helping her to view the world through the eyes of her daughter. Using her daughters cues and behaviours to increase parental sensitivity.
- Relationships, to understand not just mother and child but how to be a good partner, and what she should expect and accept from her partners.

Outcome

- Daughter remains in her parents care.
- Connection between mother and daughter is beautiful. Mum is sensitive, caring and in total awe of not just her child, but her relationship with her.
- Mum expresses that she cannot believe how good it feels to be allowed to love and be loved back.
- Mum and dad continue to parent together in a loving and supportive relationship.

Safeguarding outcomes at 12 months

"Safeguarding outcomes at 12 months for pre-birth pathway and routine care infants" is shown in table two on page 78 under the following link

https://doi.org/10.1002/car.2491

Source: Harnett PH, Barlow J, Coe C, Newbold C, Dawe S (2018). Assessing Capacity to Change in High-Risk Pregnant Women: A Pilot Study. *Child Abuse Review*, 27(1), 72–84

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Publications

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- Barlow, J., Dawe, S., Coe, C., Harnett, P and Newbold, C. (2015). OxPUP: An evidence-based, pre-birth assessment pathway for vulnerable, pregnant women. *British Journal of Social Work*, 46, 960–973